American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Illinois Chapter

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Comments on Illinois' Selection of Essential Health Benefits
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On behalf of the Illinois Chapter of the American Academy of Pediatrics (ICAAP), and its 1,800 members consisting of general pediatricians, pediatric medical specialists, and pediatric surgical specialists throughout the state, we urge Illinois to choose an essential health benefits (EHB) package that meets the unique needs of children and will ensure children receive the care necessary to develop into healthy, productive adults that contribute to our great state.

Specifically, ICAAP recommends that the state follow the Affordable Care Act (ACA) requirement that health insurance plans cover the preventive care services found in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* by including in the state EHB benchmark package all medically necessary health care treatments and services children are found to need during these *Bright Futures* preventive visits and screenings or during other visits, including immunizations.

In addition, ICAAP encourages the state to model EHB coverage after Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirement. Such an EHB coverage protection in the state EHB benchmark package will ensure that no health care service or treatment deemed medically necessary will go uncovered. Access to comprehensive EPSDT services are essential health care benefits, and with respect to children, of critical importance to their healthy growth and development. Providing anything less than this standard will mean the health and well-being of some children will suffer. The ACA outlines 10 categories into which EHB items and services must fit including pediatric services with oral and vision care. However, depending on the needs of the child, they may access services covered in any of the 10 benefit categories. To ensure the healthy development of all children in Illinois, they must have access to all the medically necessary health care needs benefits which can only be assured through plans that meet the benchmark of EPSDT.

When reviewing plans, it's important to keep in mind the following.

Children are not little adults. They are in continuous states of development, so their physical and mental capabilities, physiology, and responses to interventions must be continuously monitored and reassessed.

The health care needs of children are unique. The leading cause of death in children is injury, not disease. Most children, in fact, are healthy. However an important segment of children suffer from chronic conditions or exposure to social, emotional or environmental factors that affect their development. The economic, ethnic, and racial demographics of many children put them at risk of adverse outcomes due to health disparities more prevalent in the pediatric population. The care of these children requires specific attention to generating, maintaining, and restoring age-appropriate functioning through habilitative and rehabilitative services.

Children benefit from a medical home. The medical home is an approach to providing comprehensive care that assures that the medical and nonmedical needs of the child are coordinated and met.

Children are different from adults, and so is their health care. The Affordable Care Act recognizes this by requiring all non-grandfathered health care plans to provide, without cost sharing for families, coverage of those preventive care services outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Bright Futures is the gold standard of coverage and includes the AAP/Bright Futures recommended periodicity schedule[1], which establishes the recommended, clinically-appropriate well-baby and well-child examinations to ensure a child's health and development as he or she grows.

Recommended health visits are essential for children's health. A missed visit may mean a disease is not caught early, requiring more intensive and costlier treatment later, and creating an increased health risk for the child and a greater cost to the family and society. Or it may mean a developmental delay is not discovered, and a child's social, emotional, behavioral, or cognitive development is jeopardized, with a potential for significant and damaging long-term effects. In addition, it could mean missed immunizations which can lead to transmission of deadly diseases.

Not providing treatment for discovered health care needs of children is a mistake we as a state cannot afford to make.

In its December 16, 2011 EHB bulletin, the Centers for Medicare and Medicaid Services (CMS) detailed the research CMS has done on large employer plans, small employer plans, and plans offered to public employees. It makes specific note that there are services for children that are often not included in such plans – benefits that are specifically called for in the 10 categories of services required by the ACA. These include mental health and substance use disorder services, pediatric oral and vision care, and habilitative services.

The bulletin outlines steps states must take to ensure these and any other of the 10 categories of services not found in the existing benchmark plan are provided in the EHB benchmark, through supplementation from other plans. We as a state are required to take these steps to provide for these supplemental benefits in the final EHB benchmark package.

The ACA also requires the state to pay for any state insurance benefit mandates not found in the final EHB package. ICAAP therefore recommends that Illinois choose a benchmark package that includes these state mandates – such as habilitative services - so as to not impose additional burdens on an already fragile state budget. The ACA incentivizes Illinois to provide a robust benefit package; let's not shortchange children by limiting their benefits and paying more to do so.

These are basic steps that we must make with respect to the 10 categories of benefits, and that make sense to make with respect to state mandates, so as to avoid additional state costs.

But we can and must go further.

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[1] Bright Futures/AAP: Recommendations for Pediatric Preventive Health Care. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Available at: http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf. Accessed April 27, 2012.

We know that children's coverage is not expensive. Their care is not driving up health care costs. As pediatricians, we know that catching and treating health care needs early is more beneficial and less costly than doing so later, when those needs are more acute and health has already suffered.

The AAP Policy Statement *Scope of Health Care Benefits from Birth Through Age 26*[2] can serve as a starting point for the benchmark benefit package chosen by the state. This policy statement provides a baseline of comprehensive benefits that should be included in any EHB package, supported by a standard of coverage of all medically necessary services.

Now is the time to guarantee that health insurance in Illinois provides the essential health benefits children really need. The only way to ensure children receive all the care they need is to adopt an EHB benchmark package that includes both these benefits and a guarantee like that of Medicaid's EPSDT program, and requires EHB coverage of all medically necessary services for children. Such a coverage requirement, will, in effect, provide a guarantee that all medically necessary health care– including the developmental and habilitative needs so specific to children – is covered correctly for the child the first time, when it is needed most.

A guarantee of complete coverage when medically necessary will also ensure that the health care needs of children do not face arbitrary service or other limits that inappropriately deny medically necessary care. While the ACA restricts annual and lifetime dollar limits, CMS has indicated that other nondollar limits – such as scope, duration, or visit limitations – may be allowed in EHB packages. A standard of coverage for all medically necessary services will ensure that such scope and duration benefit limits do not restrict needed care for children.

We recognize that while the term "medical necessity" is common, there is often disagreement on how to define and apply the term and there has been substantial variation in medical necessity definitions and interpretations. We refer the State to the American Academy of Pediatrics (AAP) *Model Contract Language for Medical Necessity for Children*[3] policy statement. This statement provides model contract language appropriate for services to children, recognizing the importance of age-appropriate care and including a focus on the prevention, diagnosis, treatment, amelioration or palliation of physical, mental, behavioral, genetic or congenital conditions, injuries or disabilities.

Taking these steps to create a robust, comprehensive EHB benchmark with coverage of all medically necessary services will mean that we are not creating an EHB package here in Illinois that leaves some children and their needs out.

In summary, ICAAP recommends:

- Use of Medicaid's EPSDT benefit as the benefit benchmark for all children in EHB packages. Using EPSDT will insure that children receive access to all needed preventive care and treatments.
- Inclusion of all services outlined in the AAP Policy statement, *Scope of Health Benefits from Birth Through Age 26* which provides concrete recommendations of coverage to insure the health of children.

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[2] AAP: Scope of Health Care Benefits from Birth Through Age 26 [*Pediatrics* Web site]. November 30, 2011. Available at: http://pediatrics.aappublications.org/content/129/1/185.full.pdf+html. Accessed April 27, 2012.

[3] AAP: Model Contract Language for Medical Necessity for Children [*Pediatrics* Web site]. July 1, 2005 (Reaffirmed January 30, 2012). Available at: http://pediatrics.aappublications.org/content/116/1/261.full. Accessed April 27, 2012.

- Inclusion of the entire schedule of visits outlined in *Bright Futures* and the Centers for Disease Control and Prevention (CDC) recommended vaccines as required by the ACA.
- Adoption of a robust definition of medical necessity that promotes and encourages normal growth and development to ensure "medically necessary" services truly encompass what children need.
- Inclusion of habilitative services at parity with rehabilitative services including a robust definition of habilitation as defined by the National Association of Insurance Commissioners (NAIC) and HHS. As coverage of habilitative services are mandated in Illinois, adopting a robust definition will not only insure children receive access to needed services, it will also protect the state from having to supplement any services.
- Choose a plan with appropriate coverage for prescriptions for children. Any plan chosen should cover drugs and biologics for use by children covered without tiering or other limitations. This is especially critical for children with special health care needs to ensure access to the prescriptions they need to maintain and improve their health.
- Selection of the state's CHIP dental program as the benchmark for dental services.
- Ensuring vision coverage meets the unique needs of children

ICAAP and its members stand ready to assist you in creating this model EHB benchmark benefit with a robust set of benefits for children based on a strong standard of medical necessity. Please contact the ICAAP offices at 312/733-1026 x 202 or sallen@illinoisaap.com.

We know you share our recognition of the importance of the choices we face, and we look forward to working together to ensure all of the children of our state benefit from the decisions we make today.

Sincerely,

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President, ICAAP

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